



# Required Consent Form

Name: \_\_\_\_\_

## VOLUNTEER CODE OF ETHICS

- As a volunteer for The Samaritan Inn, I agree to uphold the following standards of conduct and ethical behavior:
- **Respect and Integrity**
    - Treat all individuals with dignity, courtesy, and respect.
    - Be honest and transparent in all communications and actions.
  - **Confidentiality**
    - Respect the privacy of others and maintain the confidentiality of any sensitive information obtained during volunteer service.
  - **Professionalism**
    - Represent The Samaritan Inn with a positive attitude, reliability, and responsibility.
    - Follow through on commitments and notify appropriate staff if unable to fulfill duties.
  - **Compliance**
    - Adhere to all policies, procedures, and guidelines established by The Samaritan Inn.
    - Comply with all applicable laws, regulations, and safety protocols.
  - **Non-Discrimination**
    - Serve all people regardless of race, ethnicity, gender, religion, sexual orientation, age, ability, or socioeconomic status.
  - **No Personal Gain**
    - Do not accept personal gifts or gratuities from individuals served.
    - Avoid conflicts of interest and act in the best interest of the organization.
  - **Reporting Concerns**
    - Report unethical behavior, safety concerns, or violations of this code to a supervisor or designated staff person.

## PHOTO/MEDIA RELEASE

- By participating as a volunteer with The Samaritan Inn, you grant permission to be photographed, filmed, and/or recorded during your volunteer activities. You consent to the use of your image, voice, and likeness by The Samaritan Inn for promotional, educational, and marketing purposes, in print and digital formats, without compensation or further notice.

## THE SAMARITAN INN VOLUNTEER MANUAL DISCLOSURE

- Volunteers will receive a copy of The Samaritan Inn Volunteer Manual at their attendance at their first volunteer shift, the Introduction to the Inn. Your signature indicates that you will attend the shift and review the Volunteer Manual at this time. Volunteers understand that the issuing of this manual with policies and procedures in no way implies a contract, guarantee of continued assignment or assignment for a fixed time period.

## CONSENT FOR BACKGROUND CHECK

- I hereby authorize The Samaritan Inn, and its designated agents to conduct a background check as part of my application to volunteer with the organization. This may include, but is not limited to, verification of personal information, criminal history, and other relevant records. I understand that the results of this background check may be used to determine my eligibility for participation. I release The Samaritan Inn and its agents from any liability arising from the use of this information.

I certify that the information I provide is true and complete to the best of my knowledge, and I understand that any misrepresentation may disqualify me from volunteering.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS FORM IS NOT TO BE USED AS A CONSENT/AUTHORIZATION FORM.**

Agency to retain this CCH Verification Form for DPS auditing purposes.

## DPS Computerized Criminal History (CCH) Verification Form

### Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is **not** allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online [Crime Records General Information | Department of Public Safety \(texas.gov\)](#) Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me. **Acknowledge by signing below.**

Applicant Signature:

Date:

### Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name:

Authorized User:

Signature of Authorized User:

Date of Name-Based CCH Search:

### Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.

Purpose for CHRI Search.	<input type="checkbox"/> Applicant <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. <input type="checkbox"/> NO, CHRI is <b>not</b> stored by agency. <input type="checkbox"/> YES, CHRI is stored by agency.
CHRI Retention Period	<input type="checkbox"/> Temporarily Only <input type="checkbox"/> Annual <input type="checkbox"/> None Stored/Saved <input type="checkbox"/> Other:
CHRI Storage Method	<input type="checkbox"/> Physical/Printed (paper copy) <input type="checkbox"/> Digital/Electronic (saved anywhere on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	
Destruction Method	Explain:

[CHRI + Audit Resources Link](#)